

FEC  
FORM 3

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED

2014 APR 23 AM 11:29

Office Use Only  
FEDERAL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Eddie McCain For Congress

ADDRESS (number and street)

1821 Old Lexington Rd.



Check if different  
than previously  
reported. (ACC)

Leesville

SC

29070-9596

2. FEC IDENTIFICATION NUMBER ▼

C

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

SC

02

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

02

20

2013

through

03

31

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jerry J. Guidosik

Signature of Treasurer

Jerry J. Guidosik

Date

09

17

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

*Eddie McCain For Congress*

Report Covering the Period:

From:

08 / 20 / 2013

To:

03 / 31 / 2014

**COLUMN A**  
This Period

**COLUMN B**  
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

4,595.00

7,698.68

(b) Total Contribution Refunds  
(from Line 20(d)) .....

000000

000000

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

4,595.00

7,698.68

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

4,134.89

7,215.68

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

000000

000000

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

4,134.89

7,215.68

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

~~525.30~~  
460.41

9. Debts and Obligations Owed **TO**  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

000000

10. Debts and Obligations Owed **BY**  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

000000

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

14031224921

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

*Eddie McCain For Congress*

Report Covering the Period:

From:

03 / 20 / 2013

To:

03 / 31 / 2014

## **I. RECEIPTS**

### **COLUMN A** Total This Period

### **COLUMN B** Election Cycle-to-Date

#### 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

145.00

2445.00

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

~~4400.00~~  
4400.00

5000.00

4545.00

7445.00

#### 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

#### 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

#### 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

#### 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

#### 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

4545.00

7445.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

4,134.88

8,170.94

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

000000

000000

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

000000

000000

(b) Of All Other Loans .....

000000

000000

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

000000

000000

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

000000

0000.00

(b) Political Party Committees.....

000000

000000

(c) Other Political Committees  
(such as PACs) .....

000000

000000

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

000000

000000

21. OTHER DISBURSEMENTS .....

000000

000000

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

4,134.88

~~000000~~  
8,170.94

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

66.43

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

4545.00

25. SUBTOTAL (add Line 23 and Line 24).....

4551.43

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

4134.88

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

~~4551.43~~  
416.55

hm

14031224923

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 1 OF 2	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

*McCain, Beverly*

A. Mailing Address <i>4278 PLATTS SPRINGS RD.</i>		Date of Receipt <i>08 / 30 / 2013</i>
City <i>W. Columbia</i>	State <i>SC</i>	Zip Code <i>29169</i>
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>2000.00</i>
Name of Employer <i>Retired.</i>	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)

*WRIGHT, CURTIS*

B. Mailing Address <i>1915 MEMORIAL DR</i>		Date of Receipt <i>10 / 07 / 2013</i>
City <i>CAYCE</i>	State <i>SC</i>	Zip Code <i>29033</i>
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>200.00</i>
Name of Employer <i>Retired.</i>	Occupation <i>U.S. ARMY</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)

*Ishe, Lorne*

C. Mailing Address		Date of Receipt <i>11 / 26 / 2013</i>
City <i>Chicago</i>	State <i>IL</i>	Zip Code
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period <i>100.00</i>
Name of Employer <i>U.S. Govt</i>	Occupation <i>Home Land Security</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

*2300.00*  
*2300.00*

14031224924

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 2

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

A. *SMITH, SAMUEL*

Mailing Address

*6350 PLATTSBURG RD.*

City

*LEXINGTON*

State

*SC*

Zip Code

*29013*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*SELF Employed.*

Occupation

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*03 ' 27 ' 2014*

Amount of Each Receipt this Period

*10000*

Full Name (Last, First, Middle Initial)

B. *OSMUNDSEN, Deborah*

Mailing Address

*1630 HUNTSMAN DR*

City

*Aiken*

State

*SC*

Zip Code

*29803*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*Retired*

Occupation

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*03 ' 27 ' 2014*

Amount of Each Receipt this Period

*2000*

Full Name (Last, First, Middle Initial)

C. *Minter*

Mailing Address

*3056 Augusta RD*

City

*Waresville*

State

*SC*

Zip Code

*29851*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*SELF Employed.*

Occupation

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*03 ' 27 ' 2014*

Amount of Each Receipt this Period

*25.00*

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

*145.00*  
*2445.00*

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 3

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

*SELF*

A.

Mailing Address

*821 Old Lexington Rd.*

City

*Leesville*

State

*SC*

Zip Code

*29070*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*U.S. Army*

Occupation

*Retired*

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*08* / *20* / *2013*

Amount of Each Receipt this Period

*15000*

Full Name (Last, First, Middle Initial)

*SELF*

B.

Mailing Address

*821 Old Lexington Rd.*

City

*Leesville*

State

*SC*

Zip Code

*29070*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*U.S. Army*

Occupation

*Retired*

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*11* / *04* / *2013*

Amount of Each Receipt this Period

*5000*

Full Name (Last, First, Middle Initial)

*SELF*

C.

Mailing Address

*821 Old Lexington Rd.*

City

*Leesville*

State

*SC*

Zip Code

*29070*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*U.S. Army*

Occupation

*Retired*

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*11* / *26* / *2013*

Amount of Each Receipt this Period

*10000*

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

*30000*  
*30000*

14031224926

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 3

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

*Eddie McCaw For Congress*

Full Name (Last, First, Middle Initial)

*SELF*

A.

Mailing Address

*821 Old Lexington Rd.*

City

*Leesville*

State

*SC*

Zip Code

*29070*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*U.S. Army*

Occupation

*Retired*

Receipt For:

☒ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*12 ' 02 ' 2013*

Amount of Each Receipt this Period

*200.00*

Full Name (Last, First, Middle Initial)

*SELF*

B.

Mailing Address

*821 Old Lexington Rd.*

City

*Leesville*

State

*SC*

Zip Code

*29070*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*U.S. Army*

Occupation

*Retired*

Receipt For:

☒ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*12 ' 09 ' 2013*

Amount of Each Receipt this Period

*100.00*

Full Name (Last, First, Middle Initial)

*SELF*

C.

Mailing Address

*821 Old Lexington Rd.*

City

*Leesville*

State

*SC*

Zip Code

*29070*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*U.S. Army*

Occupation

*Retired*

Receipt For:

☒ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*03 ' 04 ' 2014*

Amount of Each Receipt this Period

*200.00*

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

*500.00*

*800.00*



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **3** OF **3**

☐ 11a ☐ 11b ☐ 11c ☒ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

*SELF*

A.

Mailing Address

*821 Old Lexington Rd.*

City

*Leesville*

State

*SC*

Zip Code

*29010*

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

*U.S. ARMY*

Occupation

*Retired.*

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*03 / 17 / 2014*

Amount of Each Receipt this Period

*420000*

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*M M / D D / Y Y Y Y*

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

*C*

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

*M M / D D / Y Y Y Y*

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

*420000*  
*500000*

14031224928

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 23

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 03 / 2013

A. *Minuteman Press*

Mailing Address

*603 Columbia AV*

City

*Lexington*

State

*SC*

Zip Code

*29072*

Purpose of Disbursement

*Campaign printing*

Candidate Name

*Eddie McCain*

006

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *S.C.*

District: *2*

Amount of Each Disbursement this Period

4153

Full Name (Last, First, Middle Initial)

Date of Disbursement

04 / 06 / 2013

B. *OFFICE DEPOT*

Mailing Address

*1629 Broad River Rd*

City

*Columbia*

State

*SC*

Zip Code

*29210*

Purpose of Disbursement

*Printing Copies*

Candidate Name

*Eddie McCain*

006

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *S.C.*

District: *2*

Amount of Each Disbursement this Period

6372

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 12 / 2013

C. *Minuteman Press*

Mailing Address

*603 Columbia AV*

City

*Lexington*

State

*SC*

Zip Code

*29072*

Purpose of Disbursement

*Campaign printing*

Candidate Name

*Eddie McCain*

006

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Amount of Each Disbursement this Period

60742

SUBTOTAL of Disbursements This Page (optional).....

71267

TOTAL This Period (last page this line number only).....

71267

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **2** OF **23**

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 16 / 2013

A. *Palmetto Express*

Mailing Address

*3860 Hwy 378*

City

*Leesville*

State

*SC*

Zip Code

*29070*

Purpose of Disbursement

*GAS*

Candidate Name

*Eddie McCain*

002

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Amount of Each Disbursement this Period

3000

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 16 / 2013

B. *Constitutional Studies*

Mailing Address

*37777 West Juniper St*

City

*Malta*

State

*MD*

Zip Code

*20342*

Purpose of Disbursement

*200 Copies of U.S. Constitution*

Candidate Name

*Eddie McCain*

006

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 16 / 2013

C. *Palmetto Express*

Mailing Address

*3860 Hwy 378*

City

*Leesville*

State

*SC*

Zip Code

*29070*

Purpose of Disbursement

*GAS*

Candidate Name

*Eddie McCain*

002

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Amount of Each Disbursement this Period

3010

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

11010

82279

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE **3** OF **23**

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY  
**09 / 20 / 2013**

A.

*SUNOCO*

Mailing Address

*7601 Centerville*

City

*MANASSAS*

State

*VA*

Zip Code

Purpose of Disbursement

*GAS -*

Candidate Name

*Eddie McCain*

**002**

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Amount of Each Disbursement this Period

**37.20**

Full Name (Last, First, Middle Initial)

B.

*KANGAROO Express*

Mailing Address

*6200 Hwy 221*

City

*Reebuck*

State

*SC*

Zip Code

*29376*

Purpose of Disbursement

*GAS*

Candidate Name

*Eddie McCain*

**002**

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Date of Disbursement

MM / DD / YYYY  
**09 / 23 / 2013**

Amount of Each Disbursement this Period

**34.00**

Full Name (Last, First, Middle Initial)

C.

*Exxon*

Mailing Address

*12461 Old Stage Rd.*

City

*Warfield*

State

*VA*

Zip Code

Purpose of Disbursement

*GAS*

Candidate Name

*Eddie McCain*

**002**

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Date of Disbursement

MM / DD / YYYY  
**09 / 23 / 2013**

Amount of Each Disbursement this Period

**29.00**

SUBTOTAL of Disbursements This Page (optional).....

**106.20**

TOTAL This Period (last page this line number only).....

**922.77**

14031224931

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Eddie McCain For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 30 2013

A. Murphy Express

Mailing Address

4448 Sunset Blvd

City

Lexington

State

SC

Zip Code

29072

Purpose of Disbursement

GAS

002

Category/  
Type

Candidate Name

Eddie McCain

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: SC

District: 2

Amount of Each Disbursement this Period

2519

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 30 2013

B. Palmetto Express

Mailing Address

3860 Hwy 378

City

Leesville

State

SC

Zip Code

29070

Purpose of Disbursement

ATM FEE For Balance Inquire

001

Category/  
Type

Candidate Name

Eddie McCain

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: SC

District: 2

Amount of Each Disbursement this Period

200

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 30 2013

C. All South Credit Union

Mailing Address

701 N. Lake Dr

City

Lexington

State

SC

Zip Code

29072

Purpose of Disbursement

ATM FEE For Balance Inquire

001

Category/  
Type

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: SC

District: 2

Amount of Each Disbursement this Period

200

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2919

951.96

14031224932

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 02 / 2013

A. *KANGAROO Express*

Mailing Address

*2655 Columbia Hwy*

City

*Aiken*

State

*SC*

Zip Code

Purpose of Disbursement

*GAS*

002

Category/  
Type

Candidate Name

*Eddie McCain*

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Amount of Each Disbursement this Period

2501

B. *Google Application*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

*Google App For Campaign*

004

Category/  
Type

Candidate Name

*Eddie McCain*

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 03 / 2013

Amount of Each Disbursement this Period

333

C. *Palmetto Express*

Mailing Address

*3860 Hwy 378*

City

*Leesville*

State

*SC*

Zip Code

*29010*

Purpose of Disbursement

*GAS*

002

Category/  
Type

Candidate Name

*Eddie McCain*

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 / 04 / 2013

Amount of Each Disbursement this Period

2002

SUBTOTAL of Disbursements This Page (optional).....

4836

TOTAL This Period (last page this line number only).....

100032

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY  
10/07/2013

A. *Minuteman Press*

Mailing Address  
*603 Columbia AV*

City *Lexington* State *SC* Zip Code *29072*

Purpose of Disbursement  
*Campaign printing*

Candidate Name  
*Eddie McCain*

006  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

State: *SC* District: *2*

Amount of Each Disbursement this Period

642.0

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY  
10/07/2013

B. *Palmetto Express*

Mailing Address  
*3860 Hwy 378*

City *Leesville* State *SC* Zip Code *29070*

Purpose of Disbursement  
*GAS*

Candidate Name  
*Eddie McCain*

002  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

State: *SC* District: *2*

Amount of Each Disbursement this Period

112.3

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY  
10/08/2013

C. *U.S. Post Office*

Mailing Address  
*1830 S. Lake DR*

City *Lexington* State *SC* Zip Code

Purpose of Disbursement  
*Mail Out's*

Candidate Name  
*Eddie McCain*

001  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

State: *SC* District: *2*

Amount of Each Disbursement this Period

211.2

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

965.5  
1096.87

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE **7** OF **23**

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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

**A.** *SHELL SERVICE Station*  
Mailing Address *6007 746 W. MAIN ST*  
City *Lexington* State *SC* Zip Code *29012*  
Purpose of Disbursement *GAS* **002**  
Candidate Name *Eddie McCain* Category/Type  
Office Sought: ☒ House ☐ Senate ☐ President Disbursement For: ☒ Primary ☐ General ☐ Other (specify)  
State: *SC* District: *2*

Date of Disbursement

*10* / *07* / *2013*

Amount of Each Disbursement this Period

*33.01*

**B.** *Bobby's BBQ*  
Mailing Address  
City *Warrenville* State *SC* Zip Code  
Purpose of Disbursement *TWO MEALS* **002**  
Candidate Name *Eddie McCain* Category/Type  
Office Sought: ☒ House ☐ Senate ☐ President Disbursement For: ☒ Primary ☐ General ☐ Other (specify)  
State: *SC* District: *2*

Date of Disbursement

*10* / *07* / *2013*

Amount of Each Disbursement this Period

*13.51*

**C.** *Constitutional Studies*  
Mailing Address *37777 West Juniper ST*  
City *Malta* State *ID* Zip Code *83346*  
Purpose of Disbursement *250 Copies of U.S. Constitution* **006**  
Candidate Name *Eddie McCain* Category/Type  
Office Sought: ☒ House ☐ Senate ☐ President Disbursement For: ☒ Primary ☐ General ☐ Other (specify)  
State: *SC* District: *2*

Date of Disbursement

*10* / *07* / *2013*

Amount of Each Disbursement this Period

*60.00*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

*106.52*  
*1203.39*



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

*Eddie Mc Cain For Congress*

Full Name (Last, First, Middle Initial)

A. *Palmetto Express*

Mailing Address *3866 Hwy 378*

City *Leesville* State *SC* Zip Code *29890*

Purpose of Disbursement

*GAS*

Candidate Name *Eddie Mc Cain*

**002**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify)

State: *SC* District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*10/17/2013*

Amount of Each Disbursement this Period

*34.05*

B. *Murphy Express*

Mailing Address *4448 Sunset Blvd*

City *Lexington* State *SC* Zip Code

Purpose of Disbursement

*GAS & Food*

Candidate Name *Eddie Mc Cain*

**002**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: *SC* District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*10/18/2013*

Amount of Each Disbursement this Period

*41.40*

C. *Raceway Service Station*

Mailing Address

City *Aiken* State *SC* Zip Code

Purpose of Disbursement

*GAS*

Candidate Name *Eddie Mc Cain*

**002**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify)

State: *SC* District: *2*

Date of Disbursement

*10/15/2013*

Amount of Each Disbursement this Period

*30.73*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

*106.18*  
*1309.57*

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. *Walgreens Store*

Mailing Address

*423 W. MAIN ST*

City

*Lexington*

State

*SC*

Zip Code

Purpose of Disbursement

*Office Supplies*

Candidate Name

*Eddie McCain*

*001*

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

*10/18/2013*

Amount of Each Disbursement this Period

*09.70*

B. *U.S. Post Office*

Mailing Address

*710 West MAIN ST*

City

*Lexington SC*

State

Zip Code

Purpose of Disbursement

*Mail out Postage*

Candidate Name

*Eddie McCain*

*001*

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*10/18/2013*

Amount of Each Disbursement this Period

*15.18*

C. *MURPHY Express*

Mailing Address

*4448 Sunset Blvd*

City

*Lexington*

State

*SC*

Zip Code

Purpose of Disbursement

*GAS*

Candidate Name

*Eddie McCain*

*062*

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*10/18/2013*

Amount of Each Disbursement this Period

*20.03*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

*449.1*  
*1354.48*

14031224937

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Eddie McCain For Congress**

Full Name (Last, First, Middle Initial)

A. **McDonalds**

Mailing Address

**HWY 1**

City

**Batesburg**

State

**SC**

Zip Code

**29070**

Purpose of Disbursement

**Food**

Candidate Name

**Eddie McCain**

**002**

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: **SC**

District: **2**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**10 / 21 / 2013**

Amount of Each Disbursement this Period

**321**

B. **Minuteman Press**

Mailing Address

**603 Columbia AV**

City

**Lexington**

State

**SC**

Zip Code

**29072**

Purpose of Disbursement

**Campaign Printing**

Candidate Name

**Eddie McCain**

**006**

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: **SC**

District: **2**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**10 / 21 / 2013**

Amount of Each Disbursement this Period

**6420**

C. **Palmetto Express**

Mailing Address

**3860 Hwy 378**

City

**Lexville**

State

**SC**

Zip Code

**29070**

Purpose of Disbursement

**GAS**

Candidate Name

**Eddie McCain**

**002**

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: **SC**

District: **2**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**10 / 21 / 2013**

Amount of Each Disbursement this Period

**1501**

SUBTOTAL of Disbursements This Page (optional).....

**8242**

TOTAL This Period (last page this line number only).....

**139199**

14031224938

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

**10 / 25 / 2013**

A. *SHELL SERVICE STATION*

Mailing Address *746 W. MAIN ST*

City *Lexington* State *SC* Zip Code *29072*

Purpose of Disbursement

*GAS*

**002**

Amount of Each Disbursement this Period

**2.09**

Candidate Name

*Eddie McCain*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

**10 / 31 / 2013**

B. *FIRST CITIZEN BANK*

Mailing Address *728 W. MAIN ST*

City *Lexington* State *SC* Zip Code *29072*

Purpose of Disbursement

*ATM FEE & Withdrawal*

**001**

Amount of Each Disbursement this Period

**6.00**

Candidate Name

*Eddie McCain*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

**10 / 25 / 2013**

C. *SHELL SERVICE STATION*

Mailing Address *746 W. MAIN ST*

City *Lexington* State *SC* Zip Code *29072*

Purpose of Disbursement

*GAS*

**002**

Amount of Each Disbursement this Period

**15.02**

Candidate Name

*Eddie McCain*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

**290.1**

**1421.00**

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

*Eddie Mc Cain For Congress*

Full Name (Last, First, Middle Initial)

A. *Bobby's BBA*

Mailing Address

City *Warrenville* State *SC* Zip Code

Purpose of Disbursement

*2 MEALS*

Candidate Name

*Eddie Mc Cain*

*002*  
Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Date of Disbursement

*11 / 07 / 2013*

Amount of Each Disbursement this Period

*1351*

B. *Palmetto Express*

Mailing Address

*3260 Hwy 378*

City *Leesville* State *SC* Zip Code *29070*

Purpose of Disbursement

*GAS*

Candidate Name

*Eddie Mc Cain*

*002*  
Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Date of Disbursement

*MM / DD / YYYY*

Amount of Each Disbursement this Period

*1512*

C. *Minute man Press*

Mailing Address

*603 Columbia AV*

City *Lexington* State *SC* Zip Code *29072*

Purpose of Disbursement

*Campaign printing*

Candidate Name

*Eddie Mc Cain*

*006*  
Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Date of Disbursement

*11 / 27 / 2013*

Amount of Each Disbursement this Period

*30000*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

*32863*  
*174963*

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

**12** / **03** / **2013**

A. *Minuteman Press*

Mailing Address *603 Columbia Av*

City *Lexington* State *SC* Zip Code *29072*

Purpose of Disbursement

*Campaign printing*

Candidate Name

*Eddie McCain*

**006**  
Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC* District: *2*

Amount of Each Disbursement this Period

**85.25**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**12** / **04** / **2013**

B. *Google*

Mailing Address

City State Zip Code

Purpose of Disbursement

*Google App*

Candidate Name

*Eddie McCain*

**004**  
Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC* District: *2*

Amount of Each Disbursement this Period

**83.2**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**12** / **10** / **2013**

C. *ZOOM SERVICE Station*

Mailing Address *5423 Augusta Hwy*

City *Lexington* State *SC* Zip Code

Purpose of Disbursement

*GAS*

Candidate Name

*Eddie McCain*

**002**  
Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC* District: *2*

Amount of Each Disbursement this Period

**2000**

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

**11407**  
**186370**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 10 / 2013

A. *Minute man press*

Mailing Address

*603 Columbia AV*

City

*Lexington*

State

*SC*

Zip Code

*29072*

Purpose of Disbursement

*Campaign printing*

Candidate Name

*Eddie McCain*

006

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Amount of Each Disbursement this Period

146.89

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 13 / 2013

B. *News Library*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

*Eddie McCain*

006

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Amount of Each Disbursement this Period

316

Full Name (Last, First, Middle Initial)

Date of Disbursement

12 / 13 / 2013

C. *Minute man press*

Mailing Address

*603 Columbia AV*

City

*Lexington*

State

*SC*

Zip Code

*29072*

Purpose of Disbursement

*Campaign printing*

Candidate Name

*Eddie McCain*

006

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify)

State: *SC*

District: *2*

Amount of Each Disbursement this Period

2263

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

17268

203638

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

*Eddie McCain For Congress*

Full Name (Last, First, Middle Initial)

A. *Google*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

*Google App*

Candidate Name

*Eddie McCain*

*004*  
Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☒

Primary

☐

General

☐

Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*01* *03* *2014*

Amount of Each Disbursement this Period

*614*

B. *Google*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

*Google App*

Candidate Name

*Eddie McCain*

*004*  
Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*01* *03* *2014*

Amount of Each Disbursement this Period

*1200*

C. *SHELL SERVICE Station*

Mailing Address

*746 W. MAIN ST*

City

State

Zip Code

*Lexington*

*SC*

*29072*

Purpose of Disbursement

*Food*

Candidate Name

*Eddie McCain*

*006*  
Category/  
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify)

State: *SC*

District: *2*

Date of Disbursement

*01* *22* *2014*

Amount of Each Disbursement this Period

*643*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

*2257*  
*205895*

14031224943



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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PAGE 16 OF 23

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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NAME OF COMMITTEE (In Full)

*Eddie Mc Cain For Congress*

Full Name (Last, First, Middle Initial)

A. *ACE OF SALES*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

*E-MAIL PAGE*

Candidate Name

*Eddie Mc Cain*

*001*  
Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*02* / *18* / *2014*

Amount of Each Disbursement this Period

*2000*

B. *FACE BOOK*

Mailing Address

City

State

Zip Code

Purpose of Disbursement

*FACE BOOK ADD.*

Candidate Name

*Eddie Mc Cain*

*004*  
Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*03* / *06* / *2014*

Amount of Each Disbursement this Period

*20.63*

C. *Minuteman Press*

Mailing Address

*603 Columbia Av*

City

State

Zip Code

*LEXINGTON*

*SC*

*29072*

Purpose of Disbursement

*Campaign printing*

Candidate Name

*Eddie Mc Cain*

*006*  
Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Date of Disbursement

*03* / *06* / *2014*

Amount of Each Disbursement this Period

*151.10*

*191.79*  
*225.068*

14031224944

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

*Eddie Mc Cain For Congress*

Full Name (Last, First, Middle Initial)

A.

*Google*

Date of Disbursement

03, 11, 2014

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

*Google App*

004

Candidate Name

*Eddie Mc Cain*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

B.

*ACE OF SALES*

Date of Disbursement

03, 12, 2014

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

*Campaign Mailout*

001

Candidate Name

*Eddie Mc Cain*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

C.

*Kangaroo Express*

Date of Disbursement

03, 12, 2014

Mailing Address

*3540 Richland AV*

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

*GAS*

006

Candidate Name

*Eddie Mc Cain*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2974  
228042

14031224945

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 23

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

*Eddie Mc Cain For Congress*

Full Name (Last, First, Middle Initial)

A. *McDONALDS*

Date of Disbursement

*03* / *19* / *2014*

Mailing Address

City *Lexington* State *SC* Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

*Food*

*002*

*3.94*

Candidate Name

*Eddie Mc Cain*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

B. *ACE OF SALES*

Date of Disbursement

*03* / *19* / *2014*

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

*E-MAIL PAGE*

*001*

*2000*

Candidate Name

*Eddie Mc Cain*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

C. *SHELL SERVICE STATION*

Date of Disbursement

*03* / *19* / *2014*

Mailing Address

City *Aiken* State *SC* Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

*GAS*

*002*

*20.15*

Candidate Name

*Eddie Mc Cain*

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

*4409*  
*232451*

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

Eddie Mc Cain For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 20 / 2014

A. Linkedin

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

49.95

Purpose of Disbursement

Linkedin page

Candidate Name

Eddie Mc Cain

004

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: SC

District: 2

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 31 / 2014

B. ATM Withdrawal

Mailing Address

7501 TWO NOTCH RD

City

State

Zip Code

Amount of Each Disbursement this Period

42.75

Purpose of Disbursement

Columbia SC

Candidate Name

Eddie Mc Cain

001

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: SC

District: 2

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 29 / 2014

C. MCDONALDS

Mailing Address

250 COLUMBIA AVE

City

State

Zip Code

Amount of Each Disbursement this Period

2.97

Purpose of Disbursement

Lexington SC  
Food

Candidate Name

Eddie Mc Cain

002

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: SC

District: 2

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

95.67

242.018

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 23

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

*Eddie Mc Cain For Congress*

Full Name (Last, First, Middle Initial)

A. *Palmetto Express*

Mailing Address

*3860 Hwy 378*

City

*Leesville*

State

*SC*

Zip Code

*29090*

Purpose of Disbursement

*GAS*

Candidate Name

*Eddie Mc Cain*

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*03 / 24 / 2014*

Amount of Each Disbursement this Period

*1410*

*002*

Category/  
Type

B. *S.C. Republican Party*

Mailing Address

City

*Columbia*

State

*SC*

Zip Code

Purpose of Disbursement

*Filing Fee*

Candidate Name

*Eddie Mc Cain*

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*03 / 17 / 2014*

Amount of Each Disbursement this Period

*3480.00*

*001*

Category/  
Type

C. *Corner Card Shop*

Mailing Address

City

*Batesburg*

State

*SC*

Zip Code

Purpose of Disbursement

*mail out supplies*

Candidate Name

*Eddie Mc Cain*

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: *SC*

District: *2*

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Date of Disbursement

*03 / 24 / 2014*

Amount of Each Disbursement this Period

*2505*

*001*

Category/  
Type

*3509.15*

*5939.33*

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

Eddie McCain For Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 26 / 2014

A. SHELL SERVICE STATION

Mailing Address

Hwy 1

City

Gilbert

State

SC

Zip Code

Purpose of Disbursement

GAS

002  
Category/  
Type

Candidate Name

Eddie McCain

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: SC

District: 2

Full Name (Last, First, Middle Initial)

Amount of Each Disbursement this Period

2000

B. EXXON QUICK WAY

Mailing Address

Date of Disbursement

03 / 29 / 2014

City

LEXINGTON

State

SC

Zip Code

Purpose of Disbursement

Food

002  
Category/  
Type

Candidate Name

Eddie McCain

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: SC

District: 2

Full Name (Last, First, Middle Initial)

Amount of Each Disbursement this Period

269

C. FACE BOOK

Mailing Address

Date of Disbursement

03 / 29 / 2014

City

State

Zip Code

Purpose of Disbursement

FACEBOOK Ad

004  
Category/  
Type

Candidate Name

Eddie McCain

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify)

State: SC

District: 2

SUBTOTAL of Disbursements This Page (optional).....

4780

TOTAL This Period (last page this line number only).....

598713

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Eddie McCain For Congress

Full Name (Last, First, Middle Initial)

**A.** MINUTEMAN PRESS  
Mailing Address 603 Columbia Av.  
City Lexington State SC Zip Code 29012  
Purpose of Disbursement Campaign printing 006  
Candidate Name Eddie McCain Category/Type  
Office Sought: ☒ House ☐ Senate ☐ President Disbursement For: ☒ Primary ☐ General  
Other (specify)  
State: SC District: 2  
Full Name (Last, First, Middle Initial)

Date of Disbursement

03 29 2014

Amount of Each Disbursement this Period

104.53

**B.** ACE OF SALES  
Mailing Address  
City State Zip Code  
Purpose of Disbursement Mail out 001  
Candidate Name Eddie McCain Category/Type  
Office Sought: ☒ House ☐ Senate ☐ President Disbursement For: ☒ Primary ☐ General  
Other (specify)  
State: SC District: 2  
Full Name (Last, First, Middle Initial)

Date of Disbursement

03 28 2014

Amount of Each Disbursement this Period

0.67

**C.** Palmetto Express  
Mailing Address 3860 Hwy 378  
City LEESVILLE State SC Zip Code 29070  
Purpose of Disbursement GAS 002  
Candidate Name Eddie McCain Category/Type  
Office Sought: ☒ House ☐ Senate ☐ President Disbursement For: ☒ Primary ☐ General  
Other (specify)  
State: SC District: 2  
Full Name (Last, First, Middle Initial)

Date of Disbursement

03 31 2014

Amount of Each Disbursement this Period

350.2

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1402.2  
6127.35

14031224950

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 OF 23

☒ 17 20a ☐ 18 20b ☐ 19a 20c ☐ 19b 21

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NAME OF COMMITTEE (In Full)

*Eddie Mc Cain For Congress*

Full Name (Last, First, Middle Initial)

A. *PALMETTO EXPRESS*

Mailing Address *3860 HWY 378*

City *LEESVILLE* State *SC* Zip Code *29070*

Purpose of Disbursement

*GAS*

Candidate Name *Eddie Mc Cain*

Office Sought: ☒ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

State: *SC* District: *2*

Date of Disbursement

*03/31/2014*

Amount of Each Disbursement this Period

*39.59*

*002*  
Category/  
Type

Full Name (Last, First, Middle Initial)

B. *FIRST CITIZENS BANK*

Mailing Address *728 W. MAIN ST*

City *LEXINGTON* State *SC* Zip Code *29012*

Purpose of Disbursement

*ATM FEE*

Candidate Name *Eddie Mc Cain*

Office Sought: ☒ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

State: *SC* District: *2*

Date of Disbursement

*03/31/2014*

Amount of Each Disbursement this Period

*4.00*

*001*  
Category/  
Type

Full Name (Last, First, Middle Initial)

C. *MULCH, EVAN*

Mailing Address

City *SPARTANBURG* State *SC* Zip Code

Purpose of Disbursement

*CAMPAIGN MGR. (1 MONTH)*

Candidate Name *Eddie Mc Cain*

Office Sought: ☒ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

State: *SC* District: *2*

Date of Disbursement

*09/05/2013*

Amount of Each Disbursement this Period

*1,000.00*

*001*  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

*1,043.59*  
*7,170.94*

14031224951



PRESS FIRMLY TO SEAL



USPS TRACKING #



9114 9012 3080 1208 7960 16

PRIO  
★ MA

DATE OF DELIVERY SPECIFIED \*



USPS TRACKING™ INCLUDED \*



INSURANCE INCLUDED \*



PICKUP AVAILABLE



\* Domestic only

WHEN USED INTERNATIONALLY,  
A CUSTOMS DECLARATION  
LABEL MAY BE REQUIRED.



PS00001000014

EP14F July 2013  
OD: 12.5 x 9.5

PRESS FIRMLY TO SEAL



1006

20463

FROM: *McCain*

*821 Old Lexington Rd.  
Leesville, SC 29010*

TO:

*Public Records  
999 E. Street N.W.  
Washington D.C.*

*20463*

RECEIVED  
2014 APR 23 AM 11:29  
FEC MAIL CENTER


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ORDER FREE SUPPLIES ONLINE



U.S. POSTAGE  
PAID  
BARNWELL, SC  
APR 23 2014  
AMOUNT  
\$5.60  
00045901-04



Federal Election Commission  
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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	4/23/14
PREPARER (8/2013)	DATE PREPARED

14051224953